

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <b>09/673687</b>	<small>FILING DATE</small>					
							<small>APPLICANT(S)</small>						
<div style="display: flex; justify-content: space-between;"> <span><b>CLAIMS</b></span> <span><b>2</b></span> </div>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
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39							89						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1				2		TOTAL IND.						
TOTAL DEP.	4				8		TOTAL DEP.						
TOTAL CLAIMS	5				10		TOTAL CLAIMS						